## Indiana State Police Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	3/18/14	Address:	51270 Bittersweet Rd.
Incident #:	14ISPC002238		Granger, IN
<b>County</b> :	St. Joseph		46530
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
<ul> <li>✓ Operational Lab</li> <li>☐ Chemical/Glassware/Equipment (only)</li> <li>☐ Dumpsite (only)</li> </ul>		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply)  ☐ One Pot or Birch Reaction(s): Shed			
Red Phosphorous/Iodine Reaction(s):			
Hydrochloric Acid Gas Generator(s): Outside Shed, open air			
Flammable Solvents: Shed			
Water Reactive Metal (Lithium): <u>Shed</u>			
Anhydrous Ammonia: Shed			
Corrosive Acid: Shed			
Corrosive Base: Shed			
Other (item and location):			
Vehicle Information:			
Owner: VIN: Year:		Make: Model:	
$\bigvee$ Yes $\underline{1}$ (nu $\bigcap$ No	age 18 discovered (check appropriate) imber present) ot present but evidence they reside	unclean Estimated lengoccurring: Mo	ons of home:  clean disarray d
This report has been faxed* or emailed to the following agencies that serve the location:			
Fire Department City, Township or County Harris Twp VFD Fax: 574-272-4499  Health Department County: St. Joseph Fax: 574-235-9497  Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596			

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Keith Bikowski Phone <u>574-546-4900</u>

<sup>\*</sup>This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.